



AFFIDAVIT OF CURRENT INSURANCE "SR-50"

State Form 48483 (R3 / 3-04)

(PLEASE PRINT OR TYPE)

Name of insured		
Address (<i>number and street, or Rural Route</i>)		
City	State	ZIP code
Driver's license number		
Name of insurance company		
Policy number		
Effective date	Expiration date	
Name of agent (<i>please print</i>)		
Name of insurance company's authorized representative (<i>please print</i>)		
Written signature of authorized representative		
Title	Date (<i>month, day, year</i>)	

FRAUDULENT SIGNATURE WILL RESULT IN THE SUSPENSION OF YOUR DRIVING PRIVILEGES!